

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Kathy Fatica</i>						
STREET ADDRESS <i>4623 Southern Drive</i>						
CITY <i>Erie</i>			STATE <i>PA</i>		ZIP CODE <i>16506-</i>	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	<i>Erie County Council</i>		<i>1</i>	<i>D</i>	MO. <i>11</i>	DAY <i>07</i> YEAR <i>17</i>
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <i>11 28 17</i> TO <i>12 31 17</i>		FOR OFFICE USE ONLY <i>2018 JAN 26 PM 12:01</i>		
2ND FRIDAY PRE-PRIMARY	2.					
30 DAY POST-PRIMARY	3.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>				
6TH TUESDAY PRE-ELECTION	4.					
2ND FRIDAY PRE-ELECTION	5.					
30 DAY POST-ELECTION	6.					
ANNUAL REPORT	<input checked="" type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS		SIGNATURE OF PERSON SUBMITTING REPORT	
____ DAY OF _____ 20__		_____	
SIGNATURE		PRINTED NAME	
MY COMMISSION EXPIRES MO. ____ DAY ____ YR. ____		AREA CODE ____ DAYTIME TELEPHONE NUMBER ____	

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS		SIGNATURE OF CANDIDATE	
<i>25</i> DAY OF <i>January</i> 20 <i>18</i>		<i>Kathy Fatica</i>	
SIGNATURE		PRINTED NAME	
<i>Linda S. McCabe</i>		<i>Kathy Fatica</i>	
MY COMMISSION EXPIRES MO. <i>4</i> DAY <i>24</i> YR. <i>2021</i>		AREA CODE <i>833</i> DAYTIME TELEPHONE NUMBER <i>9520</i>	

Commonwealth of Pennsylvania - Notary Seal
 LINDA S. McCABE, Notary Public
 Erie County
 My Commission Expires April 24, 2021
 Commission Number 1275541